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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** CAMACHO AZUAJE **First Name:** SIMON in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

10/05/2025

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

(630) 986-7501x2

Date Certificate Signed

10/05/2023

Medical Examiner's Name (please print or type)

ANTHONY BILOTTA

Medical Examiner's State License, Certificate, or Registration Number

036073808

Issuing State

IL

National Registry Number

6305202909

Driver's Signature

[Signature]

Driver's Address

Street Address: 9561 FONTAINEBLEAU BLVD 209 City: MIAMI

Driver's License Number

C522781962980

Issuing State/Province

FL

CLP/CDL Applicant/Holder

State/Province: FL Zip Code: 33172

Yes ☒ No ☐



 **Dr. Anthony Bilotta**
(Doctor Of Osteopathy)



Email



Website

Practice Business Name
Willowbrook Medical Center

Address
535 Plainfield Rd. Suite C Willowbrook, IL 60527

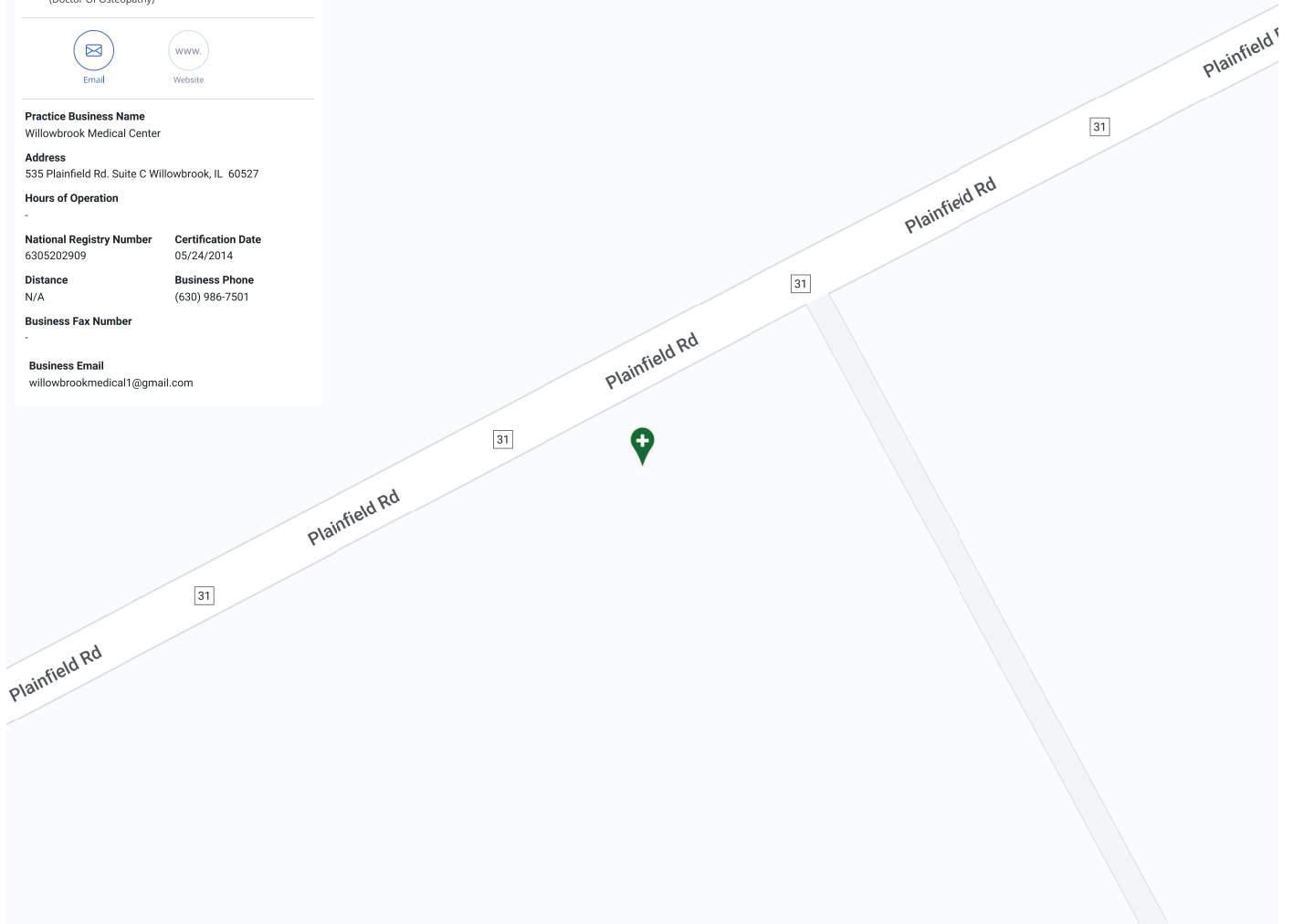
Hours of Operation
-

National Registry Number 6305202909 **Certification Date** 05/24/2014

Distance N/A **Business Phone** (630) 986-7501

Business Fax Number
-

Business Email
willowbrookmedical1@gmail.com



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U.S. DEPARTMENT OF TRANSPORTATION
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